

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039326

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 172

Primary Registration District No. 4273

Registrar's No. 85

FILED OCT 30 1962

## 1. PLACE OF DEATH

a. COUNTY

LAFAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

FREEDOM TWP

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

7 MI WEST CONCORDIA, MO

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

LAFAYETTE

c. CITY  
OR  
TOWN

CONCORDIA

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

7 MI WEST OF CONCORDIA, MO

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FRANK

WELBORN

4. DATE  
OF  
DEATH

Month

Day

Year

OCT

23

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

MAR. 17 1882

## 9. AGE (last birthday)

80 YRS.

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

GEN FARMING

## 11. BIRTHPLACE (City and state or country)

LAFAYETTE County Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

ARTHUR B. WELBORN

## 13b. MOTHER'S MAIDEN NAME

FRANCES SULLIVAN

## 14. NAME OF HUSBAND OR WIFE

EULA WELBORN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

MRS EULA WELBORN

## Address

CONCORDIA, MO

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Choked on bolus of food

## INTERVAL BETWEEN ONSET AND DEATH

15 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

A5 HD and Emphysema several years

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Sept 1957 to Oct. 23, 1962 and last saw him alive on Oct. 10, 1962

Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Wilbur E. Fulkerson M.D.

## 22b. ADDRESS

Higginsville Mo.

## 22c. DATE SIGNED

10-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

10/27/62

## 23c. NAME OF CEMETERY OR CREMATORY

Zion Hill

## 23d. LOCATION (City, town, or county)

LAFAYETTE County Mo.

## (State)

## 24. FUNERAL DIRECTOR

E. L. James

## ADDRESS

Concordia, Mo

## 25. DATE RECD. BY LOCAL REG.

Oct. 27, 1962

## 26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10540

20540

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NOV 1 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. L. James

Licensed Embalmer No. 2058

P. O. Address Commodore, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.